

SEP. 3. 2004 2:14PM 312 616 5700

NO. 9291 P. 3

#6 and
9.26.04

PATENT
Attorney Docket No. 212463

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In re Application of:

SEP 03 2004

Ross et al.

Art Unit: 3628

Application No. 09/901,512

Examiner: Kanof, Pedro R.

Filed: 07/09/2001

For: MEDICAL RECORDS,
DOCUMENTATION, TRACKING
AND ORDER ENTRY SYSTEM

AMENDMENT AND REQUEST FOR RECONSIDERATION

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 5, 2004, please consider the following claim amendments and remarks. Reconsideration of the previous grounds for rejection and allowance of the presently pending claims is requested.

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this Response to Office Action and all accompanying documents are, on the date indicated below, being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the U.S. Patent and Trademark Office, Attention: Examiner Kanof, Art Unit 3628, Facsimile Number (703) 872-9306.

Name (Print/Type)	Frances Sanchez		
Signature	Frances Sanchez	Date	September 3, 2004

SEP. 3. 2004 2:13PM L 312 616 5700

NO. 9291 P.1
RECEIVED
CENTRAL FAX CENTER

SEP 03 2004

LAW OFFICES
LEYDIG, VOIT & MAYER, LTD.
TWO PRUDENTIAL PLAZA, SUITE 4900
CHICAGO, ILLINOIS 60601-6780

TELEPHONE: (312) 616-5600

TELECOPY: (312) 616-5700 (G3)
(312) 849-0495 (G4)

FACSIMILE COVER SHEET

DATE: SEPTEMBER 3, 2004

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): *12*

TIME:

YOUR REFERENCE: 09/901,512

OUR REFERENCE: 212463

TO: U.S. PATENT AND TRADEMARK OFFICE
EXAMINER PEDRO KANOF
GROUP ART UNIT: 3628

TELEPHONE NUMBER:
FACSIMILE NUMBER: (703) 872-9306

FROM: MARK JOY

DIRECT LINE: (312) 616-5673

MESSAGE:

A confirmation copy of the transmitted document will:

- Not be sent. This will be the only form of delivery of the transmitted document.
- Be sent via First Class/Air Mail.
- Be sent via Overnight Courier

The information contained in this facsimile transmission is intended only for the use of the individual or entity named above and those properly entitled to access to the information and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If the reader of this transmission is not the intended or an authorized recipient, you are hereby notified that any unauthorized distribution, dissemination, or duplication of this transmission is prohibited. If you have received this transmission in error, please immediately notify us by telephone or facsimile. Thank you.

SEP. 3. 2004 2:14PM
FORM PTO-1083

312 616 5700

NO. 9291 P. 2

PATENT

Attorney Docket No. 212463
Date: September 3, 2004

In re Application of: Ross, et al.
Application No. 09/901,512
Filed: July 9, 2004
For: Medical records, documentation, tracking and order entry system

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a response to an office action in the subject application.

Small entity status is claimed for this application under 37 CFR 1.27.

Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

Other:

Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

					SMALL ENTITY	OTHER THAN A SMALL ENTITY		
TIME EXTENSION PETITION FEE		three-month			\$475.00	\$ 0.00		
		subtract time extension fee previously paid			(\$ 0.00)	(\$ 0.00)		
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	18	MINUS	20	=	x 9=	\$0.00	x 18=	\$0.00
INDEPENDENT	2	MINUS	3	=	x 43=	\$0.00	x 86=	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 145=	\$0.00	+ 290=	\$0.00
TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT					TOTAL	\$0.00	TOTAL	\$475.00

The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

02/22/2005 SCAI HADY patent application processing fees under 37 CFR 1.17.

Sale Ref: 00000016 DA#: 121216 09901512
01 FC:2253 475.00 DA

Respectfully submitted,
LEYDIG, VOIT & MAYER, LTD.

By 
Mark Joy, Reg. No. 35,862

Leydig, Voit & Mayer, Ltd.
Two Prudential Plaza, Suite 4900
180 North Stetson Avenue
Chicago, Illinois 60601-6780
(312) 616-5600 (telephone)
(312) 616-5700 (facsimile)

Amendment or ROA Transmittal (Revised 10/1/03)